

CLAIMS ONLY							Application Number <div style="font-family: cursive; font-size: 1.2em;">10 646139</div>		Filing Date		
							Applicant(s)				
* May be used for additional claims or amendments											
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1							51				
2							52				
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45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
Total Indep	1						Total Indep				
Total Depend	13						Total Depend				
Total Claims	14						Total Claims				